

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)SERIAL NO.  
09/868360

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12	/						62						
13		/					63						
14		/					64						
15	/						65						
16	/	/					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
20	/	/					70						
21	/	/					71						
22	/	/					72						
23	/	/					73						
24	/	/					74						
25	/	/					75						
26	/	/					76						
27	/	/					77						
28	/	/					78						
29	/	/					79						
30	/	/					80						
31	/	/					81						
32	/	/					82						
33	/	/					83						
34	/	/					84						
35	/	/					85						
36	/	/					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	36						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS